irritability, effervescing draughts of carbonate of soda and tartaric acid, in small and repeated doses, are given, and soda water is prescribed to allay the intolerable thirst. The liquor ammoniæ, I at the same time use undiluted, externally, over the chest, abdomen, and upper and lower extremities, as a rubefacient, while I pay attention to the head by cold applications of water or vinegar and water.

In the generality of cases that have come under my notice for the last quarter of a century, the brain would appear to share the greatest burden of the disease, and hence I have been induced to adopt the remedies I have just enumerated. The after treatment is simple enough—namely, the exhibiting a laxative after the second or third day, and tonics for a week afterwards.

Opium in any shape, given in cholera,—too universally resorted to,—I have remarked, tends to embarrass the cerebral functions, causing pervigilation, and, by consequence, commotion of the *vis vitæ*. If spasms be present, I am in the habit of stretching the lower extremities, by laying hold of the foot, as if in the act of taking off a boot, and bending the toes and forepart of the foot towards the patient, as he lies down, and the heel I draw towards myself. This must be done gently and repeatedly. I also employ shampooing.

I remain, Sir, your obedient servant,

Madras, August, 1846. OLLAPOD, H.C.S.

ANATOMICAL PECULIARITIES OF THE HEART AND THE SPLEEN.

MR. JACKSON presents his compliments to the Editor of THE LANCET, and will esteem it a favour if he will permit the enclosed to appear in an early number of his valuable and ably-conducted periodical.

Long-Clawson, Melton-Mowbray, July, 1846.

A CONTRAST.

HEART—ARTERY.	SPLEEN—VEIN.
1.—The soluble and nutritious portion of the food passes from the digestive tube into the lacteals, and through the mesenteric glands and thoracic duct into the left subclavian vein.	1.—The soluble and nutritious portion of the food, as well as the drink, passes from the digestive tube into the intestinal capillaries, and through the mesenteric veins into the middle of the trunk of that great vein whose roots are in the spleen and whose branches are in the liver.
2.—It is a large artery which takes the blood to the lungs.	2.—It is a large vein which takes the blood to the liver.
3.—To this artery a heart* is prefixed.	3.—To this vein the spleen is prefixed.
4.—Into the heart large venous roots go—the cavæ.	4.—Into the spleen small arterial branches go — the branches of the splenic artery.
5.—Out of the heart comes an artery, the pulmonary or cardia-pulmonic.	5.—Out of the spleen comes a vein, the splenic or splenohepatic.
6.—The reverse or contrary of the artery is the vein.	6.—The reverse or contrary of the heart is the spleen.

Diametrically different anatomical causes produce diametrically different physiological effects.

7.—The bloodvessel going to the lungs, consisting of a heart and an artery, produces a constant and rapid motion of the blood through the capillaries of the lungs.	7.—The bloodvessel going to the liver, consisting of a spleen and a vein, produces an intermittent and slow motion of the blood through the capillaries of the liver.

DESTRUCTIVE EFFECTS OF CAMPHOR ON THE TEETH.

To the Editor of THE LANCET.

SIR,—It may be interesting to your correspondent in THE LANCET of Saturday, Sept. 19th, (page 331,) and probably to some others of your numerous readers, to know that the action of camphor upon the teeth has been noticed by another observer. Mr. Tearne states, that he has consulted many eminent professors of the dental art on the subject, but none (one excepted) had noticed this fact. However this may be, my attention was first called to the subject about seven years ago, by observing in a family the prevalence of decay in the teeth at that part of the tooth where the enamel terminates and the protection of the gum commences. Now, it is well known that the enamel, as it approaches this point, is gradually attenuated, until it terminates almost imperceptibly; and, as a necessary consequence, the effects of any menstruum or agent would be more readily displayed there than at any other part of the tooth. In the cases in question, the enamel was extremely friable throughout the entire series of the teeth, (but more particularly in the molares,) and easily shattered and removed with the slightest touch of the point of an instrument. On inquiry, the parties were found to be vigorous employers and defenders of camphor in the form of dentifrice and lotion for the teeth. Now, an hereditary or constitutional tendency to this form of decay of the teeth may be suggested as a probable explanation of the circumstance in this case; and I should have thought so too, had I not from that time to this noticed *frequently*—I had almost said *constantly*—these results go *pari passu* with the application of camphor; so much so, that I cannot consider the coincidence otherwise than as *cause* and *effect*.

There is another way in which camphor displays its disorganizing effects on the enamel. In the case of aching teeth which have for some time been treated with a solution of camphor, (a common domestic remedy,) in the hope of avoiding extraction, it communicates such brittleness to the tooth as greatly to increase its liability to be crushed during the operation, when no longer to be postponed.

In conclusion, I cordially agree with Mr. Tearne, that "society should be cautioned against the use of camphor as a dentifrice;" and I recommend those who entertain any strong *penchant* for its employment, and have had recourse to it for any length of time, to examine their teeth at the points above indicated; and they will find at least such intimation of danger as will induce them to substitute a less stimulating and destructive agent, if not abundant reason for recourse to the dentist.—I am, Mr. Editor, your obedient servant,

Yeovil, Somersetshire, Sept. 1846. WILLIAM HUNT.

METROPOLITAN SCHOOLS OF MEDICINE.

To the Editor of THE LANCET.

SIR,—I beg to call your attention to a mistake in your Students' Number with regard to the prizes at this School. You have announced prizes to be awarded by Mr. Tooke, at the termination of the present session, of ten pounds and fifteen pounds. This must have been copied from a former prospectus, the prizes in question having been only given by that gentleman on one occasion—the session before last; and no mention of them appears in the prospectus of this session forwarded to you.—I am, Sir, your obedient servant,

CAMPBELL DE MORGAN,
Middlesex Hospital Sept. 1846. Hon. Sec.

To the Editor of THE LANCET.

SIR,—In your late Students' Number, the list of institutions wherein instructions in the various branches of medicine may be obtained, one of the most useful in the metropolis has been omitted—the Queen Adelaide's Lying-in Hospital. This Institution, which has now been in active operation for more than twenty years, has, during that time, been the means of imparting practical skill in midwifery to as many members of the profession as any other institution in London. As, in addition to an extensive out-door practice, in-patients are also received, the best opportunities are afforded of superintending the early labours of the students, and giving that confidence, the want of which is often so severely felt by those who are called upon to attend their first cases at a distance from their teachers.—We have the honour to be, Sir, your obedient servants,

W. H. YELL,
Queen Adelaide's Lying-in Hospital, Queen-street, Golden-square, Sept. 1846. ROBERT BARNES, M.B.

THE PERIOD OF GESTATION.

To the Editor of THE LANCET.

SIR,—In one of the June numbers of THE LANCET, the "statistics" of a lying-in hospital were given, and a circumstance connected with the subject having come under my notice, I hope I shall not be considered intrusive in drawing your attention to the same. It is as follows:—Connexion took place on the 5th August; the next day the menses appeared, which in five days' time had apparently subsided, and on the 11th intercourse was renewed; but the menses reappear again on the 12th, at which time the female returns home to the country, and no farther connexion takes place between the

* i.e., one auricle and one ventricle.